

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AXLE ASSEMBLY IN PORTAL ARRANGEMENT, ESPECIALLY FOR LOW FLOOR VEHICLES
Attorney Docket Number::	9001-1005
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: HUNGARY  
Status:: Full Capacity  
Given Name:: GABOR  
Middle Name::  
Family Name:: SZALAI  
City of Residence:: GYORUJBARAT  
State or Province of  
Residence::  
Country of Residence:: HUNGARY  
Street of Mailing Address:: MELYKUT U. 83.

City of Mailing Address:: GYORUJBARAT  
State or Province of Mailing Address::  
Country of Mailing Address:: HUNGARY  
Postal or Zip Code of Mailing Address:: H-9081

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: HUNGARY  
Status:: Full Capacity  
Given Name:: DEZSO  
Middle Name::  
Family Name:: KADOCSEA  
City of Residence:: GYOR  
State or Province of  
Residence::  
Country of Residence:: HUNGARY  
Street of Mailing Address:: ADY ENDRE U. 27

City of Mailing Address:: GYOR  
State or Province of Mailing Address::  
Country of Mailing Address:: HUNGARY

Postal or Zip Code of Mailing Address:: H-9026

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: HUNGARY  
Status:: Full Capacity  
Given Name:: PETER  
Middle Name::  
Family Name:: SZIJ  
City of Residence:: GYOR  
State or Province of  
Residence::  
Country of Residence:: HUNGARY  
Street of Mailing Address:: BATTHYANY TER. 11

City of Mailing Address:: GYOR  
State or Province of Mailing Address::  
Country of Mailing Address:: HUNGARY  
Postal or Zip Code of Mailing Address:: H-9022

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: HUNGARY  
Status:: Full Capacity  
Given Name:: ALBERT  
Middle Name::  
Family Name:: ISTOK  
City of Residence:: GYOR  
State or Province of  
Residence::  
Country of Residence:: HUNGARY  
Street of Mailing Address:: SZABOLCSKA U.8.

City of Mailing Address:: GYOR  
State or Province of Mailing Address::  
Country of Mailing Address:: HUNGARY

Postal or Zip Code of Mailing Address:: H-9023

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
HUNGARY	P 03 00947	4/10/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::